



**AASD FOUNDATION GRANT PARTNER
AGREEMENT FORM**

Name: _____

Address: _____

City: _____ STATE: _____ ZIP: _____

Amount of contribution

_____ \$1,000 _____ \$750 _____ \$500 _____ Other _____

I/We wish to pay our tax-deductible donation

_____ Annually _____ Semi-Annually _____ Quarterly

If you would like billed for your contribution, please indicate the month(s) you desire the bill(s) to be sent:

We would like to make a commitment to serve as a Grant Partner

_____ One Year _____ Two Years _____ Three Years

NOTE: Grant Partners are welcome to renew their commitment on an annual basis.

Please list the name of the person at your firm who will be the chief contact regarding involvement with the project:

Name: _____

Telephone: _____ Email: _____

_____ Date: _____

Signature